

**PLEASE COMPLETE ALL INFORMATION**

Clerk \_\_\_\_\_

Name (as appears on Birth Certificate) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ SSN \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child's Mother \_\_\_\_\_ Child's Father \_\_\_\_\_

Does Child/Client Have (circle one)      Medicaid      Insurance      No Insurance

Do you need proof of shots (Form 680) for School/Daycare/Children & Families?    Yes    No

Has this child/client ever received shots here?    Yes    No

If no, where were previous shots received? \_\_\_\_\_

***If the child/client has never had shots at this health department, you must attach a copy of the shot history with this registration. If you do not have a copy, please contact the physician or clinic where the shots were given and request that a copy be faxed to our office. Our fax number is 850-983-5215.)***

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR CHILDREN IF SOMEONE OTHER THAN A PARENT IS REQUESTING FORM 680.**

**Legal Guardian's Name** (you must present legal documents) \_\_\_\_\_

**Relative's Name and Relationship to Child** (we must have written permission from a parent or be able to reach them by phone) \_\_\_\_\_